U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 180 Q D   | 2. Fiscal Year Covered From:  |  |  |  |
|--|---|--|--|--|
|  | 1 / 1 / 64 Through: 12/31/04  |  |  |  |
| 3. Name and address of person filling.   | 4. Name, file number, and address of labor organization.  |  |  |  |
| Name TORY Degrante   | Name BAC Local 5 MV   |  |  |  |
|  | Labor Organization File Number 526838   |  |  |  |
| P.O. Box, Bldg., Room No., if any  | P.O. Box, Building and Room Number, if any  |  |  |  |
| Street 126 Ins Augus   | Street 1926 Innis Aue   |  |  |  |
| City Poughteepsie  | City Pouchkeepsie   |  |  |  |
| State Mewyork ZIP Code # 4 \2601   | State Messylor ZIP Code + 4 Zbol  |  |  |  |
| 5. Position in labor organization.   |   |  |  |  |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):   |   |  |  |  |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.   |   |  |  |  |
| monetary value from an employer whose employees your organizati  | on represents or is actively seeking to represent.  |  |  |  |
| monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  | on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  |  |  |  |
| monetary value from an employer whose employees your organizati  | on represents or is actively seeking to represent.  |  |  |  |
| monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).   | on represents or is actively seeking to represent.  |  |  |  |
| monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name BRCLSMW  | on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  |  |  |  |
| monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  | on represents or is actively seeking to represent.  |  |  |  |
| monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name BRC L S M  Trade Name, if any:   | on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  |  |  |  |
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| monetary value from an employer whose employees your organization of the state of t | 7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  |  |  |  |
| monetary value from an employer whose employees your organization of the state of t | ature  Perjury and other applicable penalties of the law, that all-of the information ing documents), has been examined by the signatory and is, to the best of the |  |  |  |
| monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name Strade Name, if any:  P.O. Box, Bldg., Room No., if any  Street State State ZIP Code +4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)   | ature  Perjury and other applicable penalties of the law, that all-of the information ing documents), has been examined by the signatory and is, to the best of the |  |  |  |
| monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name Strade Name, if any:  P.O. Box, Bldg., Room No., if any  Street State State ZIP Code +4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)   | ature  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the |  |  |  |

| Name of Person Filling Tory Reacens  | File Nu   | umber U-     |  |  |  |
|--|---|--------------|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |   |              |  |  |  |
| 8. Name and address of Business (including trade name, if any).  | 9. Business deals with:                             |              |  |  |  |
| Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  | a. Labor Organization b. Trust c. Employer          |              |  |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such dealing.                       |              |  |  |  |
| Name Levi Wein  Trade Name, if any:  P.O. Box, Bldg., Room No., if any   | 0000  | bodding Carl |  |  |  |
| Street 75 Washington St.   | 11.b. Approximate dollar value of suc               | ch dealing.  |  |  |  |
| City Poughkeepsie  | 12.a. Nature of interest held or inco               |              |  |  |  |
| State Code +4 12601  |   |              |  |  |  |
| ,  |   |              |  |  |  |
| ,  | 12.b. Amount.                                       |              |  |  |  |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money   | er parts A and B above)                             |              |  |  |  |
| or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant   | er parts A and B above)                             |              |  |  |  |
| or from any labor relations consultant to an employer any payment of money   | or parts A and B above)<br>or other thing of value. |              |  |  |  |
| or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).   | or parts A and B above)<br>or other thing of value. |              |  |  |  |
| or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name   | or parts A and B above)<br>or other thing of value. |              |  |  |  |
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| Name of Person Filling Tory Place   | nte   | File Number U-                                      |  |  |  |
|---|---|---|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.  |   |   |  |  |  |
| 8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., If any  Street  City  State  ZIP Code +4   | 9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer | tion  |  |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such deali  | ng.   |  |  |  |
| Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any   | Jacke   |   |  |  |  |
| Street 30% Centre Dr  | 11.b. Approximate dollar valu                                     | ue of such dealing.                                 |  |  |  |
| City All Sony   | 12.a. Nature of interest hel                                      |   |  |  |  |
| State State ZIP Code + 4 13303  |   |   |  |  |  |
|   | 12.b. Amount.   |   |  |  |  |
|   |   |   |  |  |  |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  |   |   |  |  |  |
| 13.a. Name and address of Employer or Labor Relations Consultant  | 14.a. Nature of payment.  |   |  |  |  |
| (including trade name, if any),   |   |   |  |  |  |
| Name  |   |   |  |  |  |
| \$1 - MPP P The contract the contract COMP Type and a proper contract COMP Type and a proper contract COMP Type and a cont |   | [5] 《《Pilling · · · · · · · · · · · · · · · · · · · |  |  |  |
| Trade Name, if any:   |   |   |  |  |  |
| P.O. Box, Bldg., Room No., if any   |   |   |  |  |  |
| P.O. Box, Bldg., Room No., if any   |   |   |  |  |  |
| P.O. Box, Bldg., Room No., if any Street  |   |   |  |  |  |
| P.O. Box, Bldg., Room No., if any   |   |   |  |  |  |
| P.O. Box, Bldg., Room No., if any Street City   | 14.b. Amount of payment.  |   |  |  |  |

| Name of Person Filing Ony Recent   | File Numb                                 | ber U-   |  |  |  |
|--|---|--|--|--|--|
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| Name and address of Business (including trade name, if any).   | 9. Business deals with:                   |  |  |  |  |
| Name   | o Labor Organization                      |  |  |  |  |
| Trade Name, if any:  | a. Labor Organization  b. Trust           |  |  |  |  |
| P.O. Box, Bldg., Room No., if any  | Ç. Employer                               |  |  |  |  |
| Street   | <del>y</del>                              |  |  |  |  |
| City  State ZIP Code + 4   |   |  |  |  |  |
| Name and the second sec |   |  |  |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such dealing.             |  |  |  |  |
| Name Bank One  | Dines                                     |  |  |  |  |
| Trade Name, if any:  | Danes                                     |  |  |  |  |
| P.O. Box, Bidg., Room No., if any  |   |  |  |  |  |
| Street 55 West Monroe  | 11.b. Approximate dollar value of such of | dealing. 🔍 වි <u>මි</u> ට, ලල  |  |  |  |
| city Oncago  | 12.a. Nature of interest held or incom    | ne received.   |  |  |  |
| State ZIP Code + 4 60676   |   |  |  |  |  |
|  | 12.b. Amount.                             |  |  |  |  |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.   |   |  |  |  |  |
| 13.a. Name and address of Employer or Labor Relations Consultant   | 14.a. Nature of payment.                  |  |  |  |  |
| (including trade name, if any).  |   |  |  |  |  |
| Name   |   |  |  |  |  |
| Trade Name, if any:  |   |  |  |  |  |
| P.O. Box, Bldg., Room No., if any  |   |  |  |  |  |
| Street   |   |  |  |  |  |
| City   |   |  |  |  |  |
| State ZIP Code + 4   |   |  |  |  |  |
| 13.b. Is the Business an Employer or Consultant ?  | 14.b. Amount of payment.                  | And the second s |  |  |  |

| Name of Person Filing Tony Riacen  | te.   | File Number U-   |  |  |  |
|--|---|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |   |  |  |  |  |
| 8. Name and address of Business (including trade name, if any).  |   |  |  |  |  |
| Name Trade Name, if any:   | a. Labor Organization b. Trust                      |  |  |  |  |
| P.O. Box, Bldg., Room No., if any  |   |  |  |  |  |
| Street   | c. Employer   |  |  |  |  |
| State ZIP Code + 4   |   |  |  |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such deali                          |  |  |  |  |
| Name Marco Consulting Crows Trade Name, if any:  | Race Tic  | (les elester II)   |  |  |  |
| P.O. Box, Bldg., Room No., if any  Street 1200 Adams Street 1257   |   |  |  |  |  |
|  | 11.b. Approximate dollar valu                       | And the state of t |  |  |  |
| State Soston  ZIP Code + 4 0312W   | 12.a. Nature of interest held                       | for income received.   |  |  |  |
|  | 12.b. Amount.                                       |  |  |  |  |
| C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  | er parts A and B above)<br>or other thing of value. |  |  |  |  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).   | 14.a. Nature of payment.                            | 1-22-1-1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2   |  |  |  |
| Name   |   |  |  |  |  |
| Trade Name, if any:  |   |  |  |  |  |
| P.O. Box, Bldg., Room No., if any  |   |  |  |  |  |
| Street   |   |  |  |  |  |
| City   |   |  |  |  |  |
| State ZIP Code + 4   |   |  |  |  |  |
| 13.b. Is the Business an Employer or Consultant ?  | 14.b. Amount of payment.                            | The state of the s |  |  |  |